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## FACSIMILE TRANSMITTAL SHEET

TO:	Examiner Hong Chong KIM	FROM:	Stephen T. Neal
COMPANY:	USPTO	DATE:	July 20, 2005
FAX NUMBER:	(571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	18
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	Intel 2207/12003
RE:	09/940,324 Amendment and Terminal Disclaimer	YOUR REFERENCE NUMBER:	Group Art Unit: 2186

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ CONFIRMATION  
☐ ORIGINAL WILL FOLLOW ☒ ORIGINAL WILL NOT FOLLOW

Notes/Comments: AMENDMENT AND TERMINAL DISCLAIMER FILING

1. Fax Cover Sheet (1)
2. Transmittal Form (1)
3. Fee Transmittal (and one copy) (2)
4. Amendment and Response (11)
5. Terminal Disclaimer (3)

Total: 18 pages

Certificate of Facsimile Transmittal

I hereby certify that the above referenced correspondence is being transmitted via facsimile under 37 C.F.R. §1.11 to Examiner Hong Chong KIM at Amendment facsimile number: (571) 273-8300 at the United States Patent and Trademark Office.

Dated: July 20, 2005Signature: Barbara Vance

Barbara Vance


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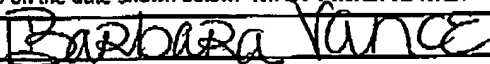
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/940,324	
	Filing Date	August 27, 2001	
	First Named Inventor	Robert T. GEORGE et al.	
	Art Unit	2186	
	Examiner Name	Hong Chong KIM	
Total Number of Pages in this Submission	18	Attorney Docket Number	Intel 2207/12003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>1. Postcard</b>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kenyon & Kenyon		
Signature			
Printed Name	Stephen T. Neal		
Date	July 20, 2005	Reg. No.	47,815

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. <b>M/S: AMENDMENT - Facsimile No.: (571) 273-8300</b>			
Signature			
Typed or printed name	Barbara Vance	Date	July 20, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><i>Complete if Known</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>09/940,324</td> </tr> <tr> <td>Filing Date</td> <td>August 27, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Robert T. GEORGE et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Hong Chong KIM</td> </tr> <tr> <td>Art Unit</td> <td>2186</td> </tr> <tr> <td>Attorney Docket No.</td> <td>Intel 2207/12003</td> </tr> </table>		Application Number	09/940,324	Filing Date	August 27, 2001	First Named Inventor	Robert T. GEORGE et al.	Examiner Name	Hong Chong KIM	Art Unit	2186	Attorney Docket No.	Intel 2207/12003
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Attorney Docket No.	Intel 2207/12003														
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>130.00</b>															

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other   <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width:100%;"> <tr> <td style="width: 40%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>Kenyon &amp; Kenyon</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				Deposit Account Number	11-0600	Deposit Account Name	Kenyon & Kenyon	<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																											
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unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,500</td> <td>2453</td> <td>750</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,400</td> <td>2501</td> <td>685</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>490</td> <td>2502</td> <td>245</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>660</td> <td>2503</td> <td>330</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1450</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (c)</td> <td></td> </tr> <tr> <td>1808</td> <td>180</td> <td>1808</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) <b>Terminal Disclaimer Fee</b></td> <td align="right"><b>130.00</b></td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td align="right"><b>SUBTOTAL (3) (3) 130.00</b></td> </tr> </tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	Surcharge - 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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width:100%;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%;">-20 --</td> <td style="width: 10%;">=</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%;">X</td> <td style="width: 10%;">Fee from below</td> <td style="width: 10%;">=</td> <td style="width: 10%;">Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td>-3 --</td> <td>=</td> <td></td> <td>X</td> <td>50.00</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> <td></td> <td>X</td> <td>200.00</td> <td>=</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td align="center"><b>(5) 0</b></td> </tr> </tbody> </table> <p><small>*or number previously paid, if greater; For Reissues, see above</small></p>						Total Claims	-20 --	=	Extra Claims	X	Fee from below	=	Fee Paid	Independent Claims	-3 --	=		X	50.00	=		Multiple Dependent		=		X	200.00	=		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims over original patent		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(5) 0</b>																																																																																																																																																																								
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<p><b>SUBMITTED BY</b></p>				<p><i>Complete (if applicable)</i></p>	
Name (Print/Type)	Stephen T. Neal	Registration No. (Attorney/Agent)	47,815	Telephone	(408) 975-7500
Signature	<i>Stephen T. Neal</i>			Date	July 20, 2005

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